

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

June 28, 2019

Scott A. Rivkees, MD
State Surgeon General
4052 Bald Cypress Way
Tallahassee, Florida 32399

Dear Dr. Rivkees:

Attached is our internal audit report # A-1819-008, *The Regionalization of Personnel & Human Resources and Follow-Up*. This report provides an independent evaluation of the regionalization of personnel and human resources services, background screening processes, and evaluates management's corrective actions to our 2016 report, *Review of Contractor Background Screening and Employment Qualification Verification*.

The audit was conducted by Ashlea K. Mincy, CIGA, and supervised by Mark H. Boehmer, CPA, Director of Auditing.

Management agreed with all findings identified in the report. While management has accepted any risk associated with one finding, we will provide you a status update in six months detailing the progress management has made toward addressing the remaining 12 proposed corrective actions included in Appendix A of this report.

If you wish to discuss this report, please let me know.

Sincerely,

Michael J. Bennett, CIA, CGAP, CIG
Inspector General

MJB/akm
Enclosure

cc: Melinda M. Miguel, Chief Inspector General, Executive Office of the Governor
Lisa Norman, Office of the Auditor General
Michele Tallent, Deputy Secretary for Operations
Beth M. Paterniti, MPA, Interim Deputy Secretary for County Health Systems
Ed McEachron, Director, Division of Administration
Daniel Medved, Deputy General Counsel
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FLORIDA DEPARTMENT OF HEALTH
OFFICE OF INSPECTOR GENERAL

THE REGIONALIZATION OF PERSONNEL & HUMAN
RESOURCES AND FOLLOW-UP

Report # A-1819-008 • June 28, 2019

Purpose of this project:

We wanted to:

- Evaluate the Department of Health's (Department) current policies, procedures, and processes used to verify and document qualifications required of applicable positions.
- Determine if Department full-time equivalent (FTE) positions have a written, approved *Position Description* (PD).
- Determine if employees, contracted staff, interns, and volunteers timely undergo background screens and rescreens.
- Examine duties assigned to individuals whose background results identified prior histories, and whether such duties are appropriate for these individuals.
- Evaluate the regionalization of personnel and human resource services and determine if Bureau of Personnel and Human Resource Management (Bureau) processes were consistently implemented statewide.
- Evaluate management's corrective actions to Office of Inspector General (OIG) Report No. R-1516DOH-017, *Review of Contractor Background Screening and Employment Qualification Verification*, dated April 14, 2016, to determine if identified weaknesses were corrected. The report highlighted control weaknesses related to contracted employee screening and the Department's lack of monitoring to ensure personnel and human resource management (HR) processes were consistently conducted.

What we examined:

- HR policies, procedures, and processes utilized statewide, with emphasis on the background screening of Department employees, contracted employees, interns, and volunteers; and
- A sample of PDs, background screening dates and results.

Summary of results:

We identified the following issues that management should address:

- Department employees and contracted employees did not always undergo a background screening in accordance with Florida law, rules, Department policy and contractual requirements.
- DOHP 60-5-15, *Background Screening* (*Background Screening* policy) did not require contracted employees in sensitive positions to undergo five-year screening for continued employment.
- Background screening dates were not accurate or timely updated in People First.
- The *Background Screening* policy and DOHP 60-4-13, *Classification* (*Classification* policy) were not timely reviewed and updated.

- Criminal history results during the Background Screening process were inconsistently reviewed.
- Position Descriptions did not properly designate positions as “sensitive.”
- Inconsistencies when completing Position Descriptions.
- Inconsistencies in regionalization costs.

Additional details follow below. Management’s response to the issues noted in this report may be found in **Appendix A**.

BACKGROUND

The Department regionalized statewide HR services to improve operational efficiency, consistency and quality of the Department’s HR functions. The regionalization effort combined 30 servicing HR offices statewide into the following six areas: Central Office, Northwest, Northeast, Southwest, East Central, and West Central. One county in each region was tasked with processing HR services for the other counties in the region. These county health departments (CHDs) were considered to be Servicing CHDs.

The Servicing CHDs’ responsibilities, outlined in a *Service Level Agreement for Human Resources Services* (SLA) dated June 30, 2016, include they are to ensure Florida law, rules, policies, and other authoritative directives are followed, and to store, maintain, and provide access to personnel files.

DETAILED RESULTS AND RECOMMENDATIONS

Our audit revealed there are many remaining concerns and/or questions related to the operational efficiency, consistency, and quality of HR services. Consistent, official written guidance was not always timely developed, approved or provided to the Servicing CHDs, as outlined in the findings listed below. As a result, some HR services are inconsistently applied statewide and are applied in conflict with current Department policy.

Servicing CHDs cannot be expected to successfully and consistently implement new processes when the Bureau updates practices and procedures, but does not uniformly provide updated guidance or written policy to Servicing CHDs for implementation.

Internal Operating Procedure 5-2-16, *Policies and Procedures Management*, explains Department policies and procedures are critical to the successful functioning of the Department. Policies contain broad directive statements of the Department’s standards of operation regarding a specific issue. Procedures are written directives describing approved steps for the performance of an act or sequence of acts. Procedures provide direction for implementing Department operations.

During our discussions with Bureau management throughout this project, it was stated to us on several occasions “the Department is currently going above and beyond the requirements of the current policy language.” While new processes may exceed policy language, the Bureau’s need to strengthen or change processes should have culminated in uniformly updated policies and procedures in order to ensure the strengthened processes were consistently implemented.

Our audit identified the following opportunities to improve effectiveness and efficiencies in operations:

1. Department staff and contracted employees did not always undergo a background screening in accordance with Florida law, rules, Department policy and contractual requirements.

- Section 110.1127(2)(a), *Florida Statutes (F.S.)*, requires as a condition of employment or continued employment, all persons or employees in positions of special trust or responsibility or sensitive location, as designated by the Department, to undergo employment screening in accordance with Chapter 435, *F.S.*, using level 2 screening standards, including fingerprinting.
- Section (I)(A), *Background Screening* policy, states Department employees and contracted employees selected for or assigned to positions of special trust, responsibility, or sensitive location, and purchasing card holders and approvers, must undergo a level 2 background screening, and receive clearance from the servicing HR office, before being hired.
- Section 435.04, *F.S.*, defines a level 2 screening as a security background investigation which includes, but need not be limited to, fingerprinting for statewide criminal history records checks through the Department of Law Enforcement (FDLE), and national criminal history records checks through the Federal Bureau of Investigations (FBI), and may include local criminal records checks through local law enforcement agencies.
- Section (I)(H), *Background Screening* policy, requires all employees in sensitive positions, which the law requires to be screened, to undergo a five-year screening for continued employment.
- Section (I)(I), *Background Screening* policy, tasks the Servicing CHDs with submitting a correspondence check to FDLE every five years after the date of the employee's last background screening was completed.
- The *Background Screening* policy requires the five-year screening to be an FDLE in-state check and not an FBI national check. Conducting an in-state check for the five-year screening is insufficient and not compliant with Section 110.1127(2)(a), *F.S.*, requiring employees in sensitive positions undergo a Level 2 screening for continued employed.
- We sampled three Department employees and/or contracted employees in sensitive positions from each of the 67 counties, for a total of 201 employees.
- For our sample, we considered Department employees and/or contracted employees assigned the following job duties to be in sensitive positions, including those who:
 - Handle cash
 - Reconcile services to receipts
 - Prepare and/or transport deposits
 - Authorize refunds
 - Have access to clients' personally identifiable information (PII) and/or protected health information (PHI)
 - Have access to permit, license, and birth/death certificate stock forms
 - Approve, order, receive, prescribe, dispense, inventory, or monitor pharmaceuticals and pharmaceutical supplies
 - Order, receive, or maintain incentives (i.e., gift cards) inventory.

- We obtained from People First and the Bureau, both level 2 and level 1 screening dates for each of the 201 employees included in the sample. A comparison of the employees' sensitive position appointment date and background screening date determined:
 - 55 employees (27%) were appointed to sensitive positions prior to the Department receiving the level 2 screening results;
 - Documentation of a level 2 screening was not available for 33 staff (16%) serving in sensitive positions;
 - The Bureau was not aware of all the contracted employees in the sample and could not provide screening information for two of the four contracted employees in the sample; and
 - A five-year screening was not timely conducted on 61 employees (30%).
- During prior OIG engagements, we determined level 2 screenings did not always include all the available information on an individual's background. In addition to the background screening results, the OIG uses LexisNexis® Accurint® to obtain more information allowing for a more accurate picture of an individual's background.
- Placing or maintaining individuals in sensitive positions prior to completion of proper background screenings potentially expose the Department to risk of loss/misuse of assets, misuse of clients' PII and/or PHI, and even physical harm to other employees.

We recommend the Bureau of Personnel and Human Resource Management ensure Department employees and contracted employees undergo background screenings in accordance with Florida law, Department policy and contractual requirements.

We recommend the Bureau of Personnel and Human Resource Management develop a review process to ensure Servicing CHDs process background screenings in accordance with Florida law, Department policy and contractual requirements.

Because level 2 screenings may not always be all inclusive, we recommend the Bureau of Personnel and Human Resource Management continue to consider additional methods for researching background information on employees and candidates for employment.

2. The Background Screening policy did not require contracted employees in sensitive positions to undergo five-year screening for continued employment.

- Section 110.1127(2)(a), F.S., requires all persons and employees in positions of special trust or responsibility or sensitive location must undergo a level 2 screening for continued employment. Contracted employees in sensitive positions require the same screening prior to employment as non-contracted employees, as previously reported in our 2016 review report. However, the *Background Screening* policy did not specifically require contracted employees in sensitive positions to undergo a five-year screening for continued employment as required by non-contracted employees.

As previously recommended in OIG Report No. R-1516DOH-017, Review of Contractor Background Screening and Employment Qualification Verification, we recommend the Bureau of Personnel and Human Resource Management update DOHP 60-5-15, Background Screening, to reflect the position that contracted employees must undergo a five-year screening for continued employment.

We again recommend the Bureau of Personnel and Human Resource Management develop a monitoring process to ensure all contracted employees undergo a five-year screening.

3. Screening dates were not accurate or timely updated in People First.

- People First is the state of Florida's online, self-service, HR information system. The goal of People First is to provide a tool that streamlines and standardizes HR processes across the state, allowing employees and managers to more efficiently and effectively manage HR functions.
- The *Background Screening* policy requires the servicing HR office to input the background screening dates in People First. The "Date Submitted" field should be the date fingerprints are taken and the "Date Completed" field should be the date the results are received.
- The Servicing CHDs are responsible, according to the SLA, for entering screening "clearance dates" (a/k/a "Date Completed") in People First.
- Level 2 screening dates for 100 employees (50% of 201) and level 1 screening dates for 41 (20% of 201) employees in People First did not correspond to the dates provided by the Bureau.
- The goal to provide employees and managers an efficient and effective way to manage HR processes is defeated when screening dates are not timely updated and accurate in People First.

We recommend the Bureau of Personnel and Human Resource Management conduct periodic reviews to ensure the Servicing CHDs accurately and timely update screening dates in People First.

4. The Background Screening policy and the Classification policy were not timely reviewed and updated.

- DOHP 5-2-16, *Policies and Procedures Management*, explains "Policy owners must review and update policies and procedures at least once every two years..."
- The *Background Screening* policy was due for review in February 2017, however, the last review occurred in February 2015. The *Classification* policy was last reviewed in August 2013 and should have been reviewed again in August 2015.
- The Department considers all staff, contracted employees, interns, and volunteers, except janitorial or maintenance, as sensitive positions requiring background screenings. However, the *Background Screening* policy has not been updated to reflect this newer guidance.
- The Bureau continues to modify processes without updating policies and procedures, and often without notifying the Servicing CHDs. The failure to update policies and procedures resulted in the Bureau's management providing both inaccurate and inconsistent information to the OIG during this audit.

We recommend the Bureau of Personnel and Human Resource Management update DOHP 60-5-15, Background Screening; and DOHP 60-4-13, Classification, to reflect the Department's current processes. Additionally, we recommend the Bureau of Personnel and Human Resource Management periodically, and continually, update policies and procedures in accordance with DOHP 5-2-16, Policies and Procedures Management.

5. Criminal history results during the Background Screenings process were inconsistently reviewed.

- The *Background Screening* policy explains that when a background screening comes back with a criminal history record, the Servicing CHD will determine the final disposition if there is incomplete information on the disposition of the charges. This may include contacting the applicable clerk of the courts office, reviewing court records, etc., as necessary.
- From a list provided by the Bureau, of *Criminal Record "HIT" Checklists* (HIT Checklist) identifying applicants with screenings that resulted in a criminal history, we selected a sample of 16 applicants that were subsequently employed by the Department. We removed two from the sample because the Bureau's list inaccurately included them when there was no criminal history result.
- The supporting documentation for seven of the 14 (50%) applicants included a HIT Checklist which documented the additional research conducted into the applicant's criminal history. Some of the information reported on the Checklist includes:
 - Candidate name
 - Position title/number
 - Date HR received screening results
 - Whether the candidate reported the offense(s) on the employment application
 - Whether the offense fell under Section 435.04, *F.S.*
 - Whether the offense was fiscal in nature
 - Whether the applicant is employable
- Bureau management explained the HIT Checklist is used by Central Office and should be utilized by the Servicing CHDs. Central Office and the West Central region used the Checklist, while the Northeast and East Central regions did not. The Northwest region used it in one case but not in another.
- Division management explained there is not a standard process implemented statewide for conducting and documenting the additional research when a screening results in a criminal history.
- Implementing the Checklist but not requiring its use in a policy increases the risk applicants do not receive consistent consideration statewide. The possibility an individual will be hired who poses a risk to the Department is also increased.
- Servicing CHDs cannot be expected to successfully implement new processes when differing guidance provides conflicting information.

We recommend the Bureau of Personnel and Human Resource Management detail in the Background Screening policy the specific process for reviewing background screenings resulting in criminal histories and require its use statewide.

6. **Position Descriptions did not properly designate positions as “sensitive.”**

- Section 110.1127, *F.S.*, states, “each agency shall designate those positions that, because of the special trust or responsibility or sensitive location, require security background investigations. All persons and employees in such positions must undergo employment screening in accordance with chapter 435, using level 2 screening standards, including fingerprinting, as a condition of employment and continued employment.”
- The *Background Screening* policy requires the delegated authority to designate positions and duties as “sensitive.” The delegated authority will submit an updated PD reflecting the designation of sensitive duties to the Servicing CHD.
- The *Instructions for Completing the Position Description Form* located on the Bureau’s Classification section’s SharePoint site explains that if the Background and Fingerprint box is checked, either the management, financial, or sensitive boxes (highest level) must be checked.
- We reviewed a sample of 133 Department FTEs tasked with sensitive duties, and requested the Bureau to provide their current PD. We determined:
 - 10 PDs did not have the Background and Fingerprint box checked, which would require the employee assigned sensitive duties such as collecting cash, securing safety paper, preparing deposits, and authorizing refunds, to undergo a level 2 screening. Two of these had a level 1 screening, but no level 2 screening.
 - Additionally, 13 PDs with the Background and Fingerprint boxes checked, did not identify the position as management, financial, or sensitive.
- PDs that do not properly designate positions as sensitive and require level 2 screenings increases the likelihood an individual will be hired for a sensitive position without proper background screening.

We recommend the Bureau of Personnel and Human Resource Management review and update all Position Descriptions to ensure sensitive duties are appropriately designated.

7. **Completion of Position Descriptions was inconsistent.**

- Section 110.2035(5)(a), *F.S.*, requires the Department, “maintain on a current basis a [PD] for each authorized and established position...[to] include an accurate description of assigned duties and responsibilities and other pertinent information concerning a position and shall serve as a record of the official assignment of duties to the position.”
- For the PDs reviewed we determined:
 - Five of the PDs (4%) could not be located.
 - 29 of the remaining 128 PDs (23%) provided did not have the required signatures; and
 - Position titles on three of the PDs (2%) provided did not correspond with the position title in People First.
 - There were at least two PDs for four FTEs in sensitive positions. While confirming PD inconsistencies, the Bureau provided PDs for employees that were different than those provided by the Bureau three weeks prior. The Bureau explained the constant update of PDs may have resulted in the differences. Yet we noted the second set of PDs provided were last updated between November 2017 through January 2019, prior to the OIG’s initial request and receipt of the PDs.
- An accurate description of a current FTE’s assigned duties and responsibilities is not on record when PDs are not timely updated and when multiple versions are maintained.

Positions may be filled by unqualified individuals because the duties assigned have not been updated.

We recommend the Bureau of Personnel and Human Resource Management review and update Position Descriptions to ensure all applicable information is correct and current.

8. Regionalization Cost Inconsistencies.

- According to the SLA, costs incurred from performing the regional duties is allocated among the CHDs serviced by the Servicing CHD. The actual costs were to be maintained at a level equaling \$250 per FTE serviced annually, unless prior approval was received from the Office of County Health Systems. According to the Bureau, the fee was recently increased to \$290 per FTE, however, this increase has not been memorialized in an updated SLA.
- The regionalization of HR services was designed to improve standardization, and not necessarily to reduce costs. However, during this audit we wanted to understand the costs of regionalization. We were unable to discern those costs because the CHDs and Servicing CHDs are not uniformly reporting expenditures. Based on our discussions with CHD staff and Division management, at least one Servicing CHD acknowledged that the funds received do not sufficiently cover all associated costs. Some CHDs elected to still maintain HR offices within the CHD, duplicating efforts and cost. The CHDs maintaining in-house HR offices are paying not only the Servicing CHD for its services, but also incurring expense to maintain in-house HR offices.
- FLHealthDesk-HR was designed and marketed as an electronic system to reduce wait time, change the paper-driven HR processes to a standardized, electronic format, and eliminate duplication, increase consistency, and enhance the HR experience. With the implementation of FLHealthDesk-HR and its goal of standardization, and the issues previously identified in this report, it is not clear that regionalization is still necessary. The HR function at the Servicing CHDs do not directly report to the Bureau, which may be the cause for some of the issues previously noted. A new impact analysis could serve to determine if the concept of regionalization is still effective now that FLHealthDesk-HR has been implemented.

We recommend the Bureau of Personnel and Human Resource Management evaluate the benefits of continuing with the regionalization of HR services. If the regionalization of HR services is maintained, we recommend the Bureau of Personnel and Human Resource Management develop a monitoring process to ensure Servicing CHDs are consistently reporting expenditures.

Furthermore, the Office of Inspector General will address with Executive Management the reporting structure prevalent throughout the Department which hinders the enforcement of compliance when field staff are tasked with providing a program service while not reporting directly to the program.

SUPPLEMENTAL INFORMATION

Section 20.055, F.S., charges the Department's OIG with responsibility to provide a central point for coordination of activities that promote accountability, integrity, and efficiency in government.

Ashlea K. Mincy, CIGA, Senior Management Analyst II, conducted the audit under the supervision of Mark H. Boehmer, CPA, Director of Auditing.

Our methodology included reviewing Florida law, rules, Department policies and procedures, and personnel records. We interviewed key management, staff, and CHD business managers and HR personnel.

This audit was conducted in conformance with *International Standards for the Professional Practice of Internal Auditing*, issued by the Institute of Internal Auditors, as provided by Section 20.055(6)(a), F.S., and as recommended by Quality Standards for Audits by Offices of Inspector General (*Principles and Standards for Offices of Inspectors General*, Association of Inspectors General).

We want to thank management and staff in the Department's Bureau of Personnel and Human Resource Management for the information and documentation they provided, and for their cooperation throughout the project.

Copies of all final reports are available on our website at www.floridahealth.gov (search: internal audit). If you have questions or comments, please contact us by the following means:

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APPENDIX A: MANAGEMENT RESPONSE

	Recommendation	Management Response
1.1	<i>We recommend the Bureau of Personnel and Human Resource Management (Bureau) ensure Department of Health (Department) employees and contracted employees undergo background screenings in accordance with Florida law, Department policy and contractual requirements.</i>	<p>We concur.</p> <p>The Recruitment Manager and the FLHealthDesk-HR System Administrator are working to create a report of all non-employees currently in FLHealthDesk-HR. By August 2019, this report will be sent to all region human resource (HR) managers who will be tasked with determining which non-employees were hired prior to implementation of FLHealthDesk-HR (July 2018). Region offices will then be responsible for creating a ticket for this population to ensure that all non-employees are background screened in accordance with policy. These reports will be run monthly and sent to region HR managers with the expectation that they create a ticket for any non-employee not on the report. This monitoring will begin on October 1, 2019.</p> <p>For current employees, the Recruitment Manager will run a People First report to determine who has missing background screening dates and will work with Offices / Divisions and the region HR managers to ensure required screenings are completed and notated in People First. Monthly monitoring as described above will begin on October 1, 2019.</p> <p><i>Contact:</i> Scarlett Buchanan <i>Anticipated Completion Date:</i> November 1, 2019</p>
1.2	<i>We recommend the Bureau develop a review process to ensure Servicing county health departments (CHD) process background screenings in accordance with Florida law, Department policy and contractual requirements.</i>	<p>We concur.</p> <p>Management's corrective action is outlined above in Recommendation 1.1.</p> <p><i>Contact:</i> Scarlett Buchanan <i>Anticipated Completion Date:</i> November 1, 2019</p>
1.3	<i>Because level 2 screenings may not always be all inclusive, we recommend the Bureau continue to consider additional methods for researching background information on employees and candidates for employment.</i>	<p>We concur.</p> <p>Due to the cost of additional methods for researching background information, the Department will continue to perform Level 2 Federal Bureau of Investigations/Florida Department of Law Enforcement screenings as required by Florida law, as well as sex offender searches.</p> <p>Management accepts any risk associated with the finding related to recommendation 1.3.</p>
2.1	<i>As previously recommended in OIG Report No. R-1516DOH-017, Review of Contractor Background Screening and Employment Qualification Verification, we recommend the Bureau update DOHP 60-5-15, Background Screening, to reflect the position that contracted employees must undergo a five-year screening for continued employment.</i>	<p>We concur.</p> <p>The newly hired Recruitment Manager has been tasked with reviewing and updating the <i>Background Screening</i> policy to reflect that contracted employees will undergo a five-year rescreen. Additionally, by July 1, 2019, the Department will conduct a Level 2 background screening for all five-year rescreens due.</p> <p><i>Contact:</i> Scarlett Buchanan <i>Anticipated Completion Date:</i> November 1, 2019</p>

2.2	<i>We again recommend the Bureau develop a monitoring process to ensure all contracted employees undergo a five-year screening.</i>	<p>We concur.</p> <p>Management's corrective action is outlined above in Recommendation 1.1.</p> <p>Contact: Scarlett Buchanan</p> <p>Anticipated Completion Date: November 1, 2019</p>
3	<i>We recommend the Bureau conduct periodic reviews to ensure the Servicing CHDs accurately and timely update screening dates in People First.</i>	<p>We concur.</p> <p>Management's corrective action is outlined above in Recommendation 1.1.</p> <p>Contact: Scarlett Buchanan</p> <p>Anticipated Completion Date: November 1, 2019</p>
4.1	<i>We recommend the Bureau update DOHP 60-5-15, Background Screening; and DOHP 60-4-13, Classification, to reflect the Department's current processes.</i>	<p>We concur.</p> <p>The newly hired Recruitment Manager and the Classification Manager will review and update their respective policies.</p> <p>Contact: Scarlett Buchanan/Jim Hall</p> <p>Anticipated Completion Date: November 1, 2019</p>
4.2	<i>Additionally, we recommend the Bureau periodically, and continually, update policies and procedures in accordance with DOHP 5-2-16, Policies and Procedures Management.</i>	<p>We concur.</p> <p>The Bureau's policies and procedures will be reviewed and updated accordingly.</p> <p>Contact: Amy Graham</p> <p>Anticipated Completion Date: November 1, 2019</p>
5	<i>We recommend the Bureau detail in the Background Screening policy the specific process for reviewing background screenings resulting in criminal histories and require its use statewide.</i>	<p>We concur.</p> <p>Verbiage requiring the use of the Criminal Records "HIT" Checklist will be added during the Background Screening policy update.</p> <p>Contact: Scarlett Buchanan</p> <p>Anticipated Completion Date: November 1, 2019</p>
6	<i>We recommend the Bureau review and update all Position Descriptions to ensure sensitive duties are appropriately designated.</i>	<p>We concur.</p> <p>Position Descriptions reside in the regional offices, and the regions are responsible for ensuring all Position Descriptions are in compliance with policy.</p> <p>The Bureau Chief and Classification Manager will work with the region HR managers to ensure Positions Descriptions are completed correctly. Additionally, the Classification Manager will generate monthly reports consisting of a random sample of Position Descriptions that were updated within that month, and review them to ensure the Position Descriptions were designated correctly. If inconsistencies are identified, training will be provided to the specific region.</p> <p>Contact: Jim Hall</p> <p>Anticipated Completion Date: November 1, 2019</p>

7	<p>We recommend the Bureau review and update Position Descriptions to ensure all applicable information is correct and current.</p>	<p>We concur.</p> <p>Management's corrective action is outlined above in Recommendation 6.</p> <p>Contact: Jim Hall</p> <p>Anticipated Completion Date: November 1, 2019</p>
8.1	<p>We recommend the Bureau evaluate the benefits of continuing with the regionalization of HR services.</p>	<p>We concur.</p> <p>A Service Level Agreement (SLA) was established to define the HR-related tasks completed, and by whom. CHDs that are completing HR tasks and "maintaining their own HR office" is against the provisions of the SLA, and conflicts with direction from County Health Systems. Effective July 2019, all CHD Administrators'/Directors' Position Description includes the following statement, "Ensure consistent application of the Service Level Agreement for human resource services."</p> <p>The original cost of \$250 per full time equivalent (FTE) was established based on a best practice regionalization model already in existence within the Department. This rate was used as a starting point, but was found to be insufficient to cover the entire administrative costs required. The cost was then evaluated by the Deputy Secretary of County Health Systems, Director of Administration, and the Lead Regions' Business Managers for sustainability, and adjusted to \$290 per FTE as reflected in the revised SLA effective July 1, 2019. There will always be cost inconsistencies between regional offices. This can be attributed to salary differences, staffing levels, office expenses, workforce reductions, and CHDs insisting on maintaining duplicative staff. Expenditures are annually evaluated, and cost revisions made if approved by Executive Management. Each Business Manager, at their respective regional office, is responsible for reporting those expenditures. FLHealthDesk-HR has changed a paper driven system to an electronic format that has helped to standardize HR processes. Regional offices are essential to maintaining standardization and a network of HR professionals throughout the Department. County Health Systems approved the SLA and remains committed to a regional approach to HR services. Changes are constantly occurring in FLHealthDesk-HR to ensure regionalization success.</p> <p>Contact: Amy Graham</p> <p>Anticipated Completion Date: July 1, 2019</p>
8.2	<p>If the regionalization of HR services is maintained, we recommend the Bureau develop a monitoring process to ensure Servicing CHDs are consistently reporting expenditures.</p>	<p>We concur.</p> <p>Management's corrective action is outlined above in Recommendation 8.1.</p> <p>Contact: Ed McEachron</p> <p>Anticipated Completion Date: July 1, 2019</p>